

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/14/2015
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGewater			STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00182160.</p> <p>Complaint IN00182160- Substantiated. No deficiencies related to the allegation are cited.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00180169 and Complaint IN00180125.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00181488.</p> <p>Survey dates: September 1, 2 ,3 ,4, 7, 8, 9, 10, 11 and 14, 2015</p> <p>Facility number: 012548 Provider number : 155790 AIM number : 201023760</p> <p>Census Bed Type: SNF: 48 SNF/NF: 44 Total: 92</p> <p>Census Payor Type: Medicare: 36 Medicaid: 29 Other: 27 Total: 92</p> <p>Sample: 3</p> <p>Kindred Transitional Care and Rehabilitation Bridgewater was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 16.2-3.1 in regards to the Investigation of Complaint IN00182160. Quality Review completed by 21662 on September 21, 2015.	F 000			